

Office Use Only  
Beg. Date: \_\_\_\_\_  
End Date: \_\_\_\_\_



**SUMMER LOCATION NAME:** \_\_\_\_\_

Always give complete 911 physical addresses. If a mailing address is different, please include it also.

Child's Name \_\_\_\_\_

Presently in grade \_\_\_\_\_ at (Name of School) \_\_\_\_\_

Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**Family Information**

(1) Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Preferred Email Address for Office Use:** \_\_\_\_\_

**Cell Phone Provider: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

(2) Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any serious or chronic medical condition (including allergies or intolerance to any food or medication, or adverse reactions to sunscreen) that requires any special accommodations? (Circle one) Yes No

If YES, please identify condition and accommodation required:

\_\_\_\_\_  
\_\_\_\_\_

Daily Medications? (Circle one) Yes None

If YES, please list \_\_\_\_\_

\_\_\_\_\_

**Release Information**

The following persons are given my permission to pick up my child from K.I.D.S. Camp daily or in the event of any emergency if I cannot be reached. (List a minimum of 2 persons living in a 30 minute pickup radius of the site. Must provide a complete 911 address.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) NOT authorized to pick up my child: (If a natural birth parent is listed here, you must provide copies of court papers documenting this restriction; otherwise, if parent would appear and want to take child, according to Virginia law, we would have to release child to Parent.)

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional comments that might provide valuable information for the K.I.D.S. Camp staff. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please **initial** in the spaces below to indicate your desires as parent/guardian.

**Pictures:**

\_\_\_\_\_ I give permission for my child to have his/her picture taken during the K.I.D.S. Camp Program. I understand that any picture may be used in the future for publication and promotion of Augusta County Parks and Recreation.

\_\_\_\_\_ I do not want my child's picture to be taken during the K.I.D.S. Camp Program.

**Sunscreen and Swimming**

Sunscreen will be applied before departing to go on outdoor field trips, when on the playground areas and on swim days. On swim days in which the children will play in the park before swimming, sunscreen will be applied two times only; once before going to the park and once before getting in the pool.

This summer ACPR will be furnishing Solar Defense sun block. This product has an SPF of 35, is waterproof, and requires only 1 application for an 8-hour time period. It does not contain PABA and Paginate-O which often cause allergic reactions.

\_\_\_\_\_ I give permission for my child to use the sunscreen provided by ACPR.

\_\_\_\_\_ I do not want my child using the sunscreen provided by ACPR. I will be responsible for providing sunscreen for my child to use. I understand that my child will not be permitted to use the ACPR provided sunscreen if I forget to furnish sunscreen.

Child's Name \_\_\_\_\_

1. Child's approximate height \_\_\_\_\_ approximate weight \_\_\_\_\_

2. Has your child ever taken swimming lessons? (Circle one) Yes No

If yes, what level of lessons has he/she completed? \_\_\_\_\_

3. Do you give permission for your child to be in water above shoulder height?

(Circle one) Yes No

4. Are there any health problems your child has that we need to be aware of regarding Swimming? (Circle one) Yes No

If yes, please explain \_\_\_\_\_

I understand the nature of the activity in which my child will be engaged and understand the risks involved.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, I, as parent/guardian of the previously named-child,

- Have received or downloaded and read the Parent/Guardian Handbook and agree to adhere to all the policies outlined in it including the process of withdrawing my child and requesting a refund.
- Consent to the child's participation in the K.I.D.S. Camp Program sponsored by the Department of Parks and Recreation.
- Waive rights to and release all claims that might be held against the County of Augusta and its agents and all injuries or losses which may be suffered because of my child's participation in the K.I.D.S. Camp Program.
- Authorize the K.I.D.S. Camp Program to obtain immediate medical care for my child if any emergency occurs and I cannot be contacted immediately.
- Give permission for my child to participate in any field trip/special activity or event that is associated with the K.I.D.S. Camp Program.
- Will be responsible for payment of all fees for my child's participation in the K.I.D.S. Camp Program.
- Agree to pick up my child as soon as possible from the program if called and my child is sick. Also, I agree to inform Parks and Recreation within 24 hours Or the next business day after my child or any member of the immediate Household has developed any reportable communicable disease, as defined by The State Board of Health, except for life threatening diseases which must be Reported immediately.
- Under the provision of the Virginia Freedom on Information Law, I hereby Request that any and all personal information regarding my child be retained by Augusta County Parks and Recreation as exempt from disclosure.

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**Parent/Guardian Signature**

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**Date**